

# Franklin County Dog Shelter | Volunteer Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Are you an: \_\_\_\_\_ Adult \_\_\_\_\_ Minor | D.O.B. if under 14: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_  
Please list any allergies: \_\_\_\_\_  
Do you have any pets of your own? \_\_\_\_\_ If so, of what kind? \_\_\_\_\_  
Are your animals currently vaccinated? \_\_\_\_\_ Your Veterinarian: \_\_\_\_\_  
Have you volunteered before? \_\_\_\_\_ If so, where? \_\_\_\_\_  
How did you hear about the Franklin County Dog Shelter? \_\_\_\_\_  
Why do you want to volunteer for us? \_\_\_\_\_  
Do you have any disabilities that may require assistance? \_\_\_\_\_

## Which of the following activities interest you?

### In-Shelter Work:

- ☐ Cleaning Cages
- ☐ Grooming
- ☐ Greeter
- ☐ Feeding the dogs 4-7pm shift Mon-Sun
  - ☐ preferred day of the week
  - ☐ weekly or bi-weekly
- ☐ Adoption Counselor
- ☐ Walking Dogs

### Off-Site Work:

- ☐ Computer/Office work
- ☐ Errands/Driving
- ☐ Access to truck, van, SUV
- ☐ Events/Fundraising
- ☐ Phone Work (follow up calls)
- ☐ Mailings
- ☐ Foster for a day program

**Please check our website [www.franklincountydogs.com](http://www.franklincountydogs.com) for the new Volunteer Orientation date that works best for you. Call us at 614.462.4361 to sign up. Once you have been trained, you can volunteer as often as you like!**

## RELEASE OF LIABILITY:

In joining Friends of the Shelter and the Franklin County Animal Shelter, as a volunteer, I, for myself, my heirs, executors and administrators, waive and release all rights and claims to damages I may have against Friends of the Shelter and the Franklin County Dog Shelter located at, 1731 Alum Creek Dr. Columbus, OH 43207, or their representatives for any injuries suffered by me while I am a volunteer at the Franklin County Dog Shelter. I attest that I am physically fit and that my personal health can be verified by a physician. Should I offer to act as a foster home for any Franklin County Dog Shelter animal, I agree to assume full legal and financial responsibility for any damages or injury caused by the animal during the time that it is released to my care and supervision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date